

SEP 08 2005



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### FACSIMILE TRANSMITTAL SHEET

<b>TO:</b> MAIL STOP AMENDMENT	<b>FROM:</b> Kenneth F. Smolik
<b>COMPANY:</b> USPTO	<b>DATE:</b> September 8, 2005
<b>FAX NO.:</b> (703) 872-9306	<b>TOTAL NO. OF PAGES:</b> (including cover sheet) 15
<b>YOUR REFERENCE NO.:</b> 10/786,697	<b>OUR REFERENCE (C/M) NO.:</b> 010886.00633

**RE:** In re: Appln. Mathew T. Abraham  
Appln. No. 10/786,697  
Filed: February 25, 2004  
For: Multi-Channel Digital Feedback Reducer System

### OFFICIAL FAX

*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

<b>NAME:</b> Jeanine Richardson	<b>PHONE:</b> 312-463-5560
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### COMMENTS:

Amendment

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/786,697	
	Filing Date	February 25, 2004	
	First Named Inventor	Mathew T. Abraham	
	Art Unit	2644	
	Examiner Name	Daniel R. Sellers	
Total Number of Pages in This Submission	15	Attorney Docket Number	010886.00633

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
<b>Remarks</b> The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature	<i>Kenneth F. Smolik</i>		
Printed Name	Kenneth Smolik		
Date	September 8, 2005	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Thomas Wilson</i>	Date	09/08/05
Typed or printed name	Thomas Wilson		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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F TO/58/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/786,697	
	Filing Date	February 25, 2004	
	First Named Inventor	Mathew T. Abraham	
	Art Unit	2844	
	Examiner Name	Daniel R. Sellers	
Total Number of Pages in This Submission	15	Attorney Docket Number	010886.00633

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
<b>Remarks</b> The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

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Firm	Banner & Witcoff, LTD.		
Signature	<i>Kenneth F. Smolik</i>		
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Typed or printed name		Date	

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**(Attorney Docket No. 010886.00633)**

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SEP 08 2005

In re U.S. Patent Application of Mathew T.  
Abraham )

Application No. 10/786,697 )

Group Art Unit: 2644

Filed: February 25, 2004 )

Examiner: Sellers, Daniel R.

For: MULTI-CHANNEL DIGITAL FEEDBACK )  
REDUCER SYSTEM )

**REQUEST FOR RECONSIDERATION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated July 28, 2005, please enter the following response. The Examiner set a three-month period for response, thus making this Amendment due on or before October 28, 2005. The Commissioner is authorized to charge any fees to Deposit Account No. 19-0733.

Please amend this application as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper. No amendments are introduced in this paper.

Remarks/Arguments begin on page 8 of this paper.

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